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Title of the dissertation:

Rehabilitation and Reintegration Needs of Female Inmates and Promotion Mental Health in Georgian Prison

By

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Attestation

I declare that this work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree. Any views expressed in the dissertation are those of the author. The dissertation has not been presented to any other university for examination.

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Summary

Female inmates find themselves in a system essentially run by men for men. Women who enter prison usually come from marginalized and disadvantaged backgrounds and are often characterized by histories of violence, physical and sexual abuse. Female prisoners constitute an especially vulnerable group given their specific health and hygienic needs within the system are often neglected.

The first step in developing gender-sensitive program and practice is to understand female offenders' characteristics and the specific life factors that shape women's patterns of offending. In June 2012 a research was carried out in the Georgian only female prison facility to assess the mental and psychosocial needs of women prisoners, aiming to develop effective support programs for their rehabilitation, re-socialization and reintegration, as well as to elaborate new recommendations concerning prison management.

A survey instrument (questionnaire) was developed within a theoretical framework based on four fundamental theories: Pathways Theory, Theory of Women's Psychological Development and Trauma and Addiction Theories. Sample size was defined to be 120 surveyed persons.

The study showed that needs of incarcerated women were different from those of men, thus requiring approaches tailored to their specific psychosocial characteristics and situations. The basic population of imprisoned women consisted of young, energetic, working-age females, most often with a professional qualification. Female prisoners suffered from psychological problems and are were more likely to be rejected by their families. Most of them had children and suffered that the children were growing without mothers. A substantial proportion of women offenders had multiple physical and mental health problems. Based on the study findings a conceptual framework can be elaborated towards planning and developing gender-sensitive services in prison. In the long-term perspective, acknowledgement of baseline needs and introduction of the relevant needs-specific programs and services may benefit women prisoners as well as their families, improving the effectiveness of the criminal justice system.

Resumo

As mulheres presas encontram-se num sistema essencialmente dirigido por e concebido para homens. As mulheres que entram na prisão geralmente vêm de ambientes marginalizados e desfavorecidos e muitas vezes têm histórias de violência e abuso físico e sexual. As mulheres presas são um grupo particularmente vulnerável, uma vez que dentro do sistema prisional as suas necessidades de saúde e higiene são muitas vezes negligenciadas.

O primeiro passo para o desenvolvimento de programas e práticas sensíveis ao género é compreender as características das mulheres delinquentes e definir fatores de vida específicos que contribuem para a formação do comportamento criminoso de mulheres. Em junho de 2012 foi realizada uma investigação na única prisão feminina da Geórgia, para estudar as necessidades mentais e psicossociais das mulheres presas. O objetivo da pesquisa foi o desenvolvimento de programas de apoio pertinentes para a reabilitação, ressocialização e reintegração, e a elaboração de recomendações práticas para a gestão das prisões. Foi desenvolvido um instrumento de pesquisa (inquérito) com uma fundamentação conceptual baseada em quatro principais teorias: Teoria dos Caminhos (Pathways Theory), teoria do desenvolvimento psicológico da mulher (Theory of Women's Psychological Development), Trauma e Teorias da Dependência (Trauma and Addiction Theories). Foram inquiridas 120 mulheres presas. Os resultados deste estudo mostram que muitas das necessidades das mulheres presas são diferentes das dos homens e requerem estratégias adaptadas às suas características e situações psicossociais específicas. A maioria das mulheres encarceradas é jovem, enérgica, pode trabalhar, tem profissão e família. As presas sofrem de problemas psicológicos e muitas vezes são rejeitadas pelas suas famílias. Uma parte substancial das mulheres presas tem múltiplos problemas de saúde física e mental. A maioria delas tem filhos e sofre com o facto das crianças estarem a crescer longe da mãe. Com base nos resultados desta investigação é possível elaborar um contexto promotor do planeamento e desenvolvimento de serviços com um enfoque de género na prisão. Na perspetiva de longo prazo, o conhecimento das necessidades básicas e a introdução de programas e serviços com necessidades específicas pertinentes irá beneficiar as presas e as suas famílias, e melhorar a eficácia do sistema de justiça criminal.

Resumen

Las mujeres presas se encuentran en el sistema esencialmente dirigido por hombres y diseñado para hombres. Las mujeres que entran en la cárcel por lo general provienen de ambientes marginados y desfavorecidos, y a menudo se caracterizan por historias de violencia, abuso físico y sexual.

Las mujeres presas constituyen un grupo especialmente vulnerable, ya que dentro del sistema penitenciario sus necesidades de salud y higiene no son adecuadas y son a menudo descuidadas.

El primer paso en el desarrollo de programas y prácticas sensibles al género es comprender las características de las mujeres delincuentes y definir los factores específicos de la vida que contribuyen a la formación de la conducta delictiva de las mujeres.

En junio de 2012, la investigación se llevó a cabo en un solo centro penitenciario femenino de Georgia para estudiar las necesidades de cuidados psicosociales de las mujeres presas. El objetivo de la investigación fue el desarrollo de programas de apoyo pertinentes para su rehabilitación, resocialización y reintegración, y la elaboración de recomendaciones para la gestión de las prisiones.

El instrumento de la encuesta (cuestionario) fue desarrollado en el marco teórico basado en cuatro teorías fundamentales: Teoría de camino (Pathways Theory), teoría del desarrollo psicológico de la mujer (Theory of Women's Psychological Development), de Trauma y Teorías del apego (Trauma and Addiction Theories).

Fueron encuestadas 120 presas. Los resultados de este estudio reflejan que muchas de las necesidades de las mujeres encarceladas son diferentes de las de los hombres y requieren estrategias adaptadas a sus características y situaciones psico- sociales específicas.

La mayoría básica de las mujeres encarceladas son jóvenes, enérgicas, pueden trabajar, tienen profesión y tienen familias. Las prisioneras sufren de problemas psicológicos , y más a menudo son rechazadas por sus familias. Una parte esencial de las mujeres delincuentes tienen múltiples problemas de salud física y mental. La mayoría de ellas tienen hijos y sufren que los niños están creciendo sin las madres.

A base de los resultados obtenidos de las investigaciones es posible elaborar un marco conceptual para planificar y desarrollar los servicios con enfoque de género en la cárcel.

En la perspectiva a largo plazo, conocimiento de las necesidades básicas y la introducción de los programas y servicios con necesidades específicas pertinentes beneficiará a las reclusas , así como sus familias y mejorará la eficacia del sistema penitenciario

Introduction

The number of women in prison has increased dramatically over the past several decades and now represents a significant proportion of all offenders under criminal justice supervision. According to the World Health Organization, more than half a million female prisoners are serving sentence nowadays in the world, which amounts to 4-5% of the total prison population (Walmsley, 2008). In Georgia the number of women in prisons is growing up over ten years and according to the National Statistics Office of Georgia, women comprise 4,9% of overall prison population (total number of prisoners is 23,684, among them 1174 women).[1]

Women who enter prison usually come from marginalized and disadvantaged backgrounds and are often characterized by histories of violence, physical and sexual abuse (Brenda J van den Bergh et al., 2011). Data from other studies suggest that as many as 80% of incarcerated women meet the criteria for at least one lifetime psychiatric disorder (Teplin et al., 1996; Jordan et al., 1996).

Prison is basically a man's world designed for men's needs. The small numbers of imprisoned women mean that there are fewer prisons for them, resulting in women often being imprisoned further away from their homes. This causes difficulties for the woman in maintaining her family ties and is especially a problem if she has dependent children. Many imprisoned women are mothers and usually primary or sole carers for their children (WHO, 2009). Imprisonment far from home also complicates a woman's resettlement after release. The small number of women prisons also results in the collective accommodation of women convicted for a wide range of offences. In fact, by far the majority of offences for which women are imprisoned are non-violent, property or drug related (CoE, 2007).

Health care needs

Female prisoners constitute an especially vulnerable group since their specific health needs within the system are often neglected. Women in prison generally have more, and more specific, health problems than male prisoners and tend to place a greater demand on the prison health service than men do. Women specific health and hygiene needs vary according to a woman's age and situation. The needs of a young girl, a pregnant woman, a woman who has just given birth, a mother accompanied by minor children or an elderly woman are all different. Women prisoners

[1] http://www.geostat.ge/?action=page&p_id=601&lang=geo

frequently suffer from mental health problems, among which post traumatic stress disorder, depression and self-harming are regularly reported (WHO, 2009). Although they are therapeutically linked, substance abuse, post-traumatic stress, and mental health problems have been treated separately.

Regarding mental health, there are important differences between incarcerated women and women in general. For example, 12% of females in the general population have symptoms of a mental disorder, compared to 73% of females in state prison, 61% in federal prison, and 75% in local jails (James and Glaze, 2006). Another study, comparing incarcerated women matched by age and ethnicity to those in the community, found that incarcerated women have a significantly higher incidence of mental health disorders including schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorder (Ross, Glaser, & Stiasny, 1998).

Evidence shows that women prisoners are more likely to self-harm and commit suicide than male prisoners, while this is the opposite in the community. In England and Wales, women were found to be 14 times more likely than men to harm themselves and women are more likely than men to do so repeatedly (WHO, 2007).

A high proportion of women in prison suffer from an alcohol or drug dependency and problematic drug use rates are higher among women than men. In the European Union Member States and Norway, female prisoners are also more likely to inject drugs than male prisoners (European Monitoring Centre for Drugs and Drug Addiction; 2004), thereby exposing themselves to the risk of contracting HIV and other blood borne viruses.

Profiles of women in the Criminal Justice System

The significant increase in the number of women under correctional supervision has called attention to the status of women in the criminal justice system and to the particular circumstances they encounter. These numbers have also made evident the lack of appropriate policies and procedures for women offenders and the need for gender-responsive policy and practice in correctional system.

The first step in developing gender-responsive criminal justice policies and programs is to understand gender-based characteristics. In addition to offense and demographic characteristics,

the specific life factors that shape women's patterns of offending should be included in gender-responsive planning. Recent research has established that women offenders differ from their male counterparts regarding personal histories and pathways to crime. For example, a female offender is more likely to have been the primary caretaker of young children at the time of arrest, more likely to have experienced physical and/or sexual abuse, and more likely to have distinctive physical and mental health needs. Additionally, women are far less likely to be convicted of violent offenses, and they pose less danger to the community (Belknap, 2001). Often, their property offenses are economically driven, motivated by poverty and by the abuse of alcohol and other drugs.

Women offenders characteristically are usually poor, coloured, unemployed and mothers of young children. They also have significant substance abuse issues and multiple physical and mental health problems (Bloom, Owen, & Covington, 2003). Incarcerated women have typically experienced some form of abuse in their lifetime, including sexual assault, domestic violence, and other physical and psychological abuse. Rape and sexual abuse leave psychological wounds and increase the risk of unwanted pregnancy, HIV infection and other sexually transmitted diseases;

Although a history of abuse and family-related problems is common among female inmates, many correctional systems do not screen for childhood or adult abuse when determining possible therapeutic interventions (Morash, Bynum, & Koons, 1998).

Impact on children and intergenerational issues

- A higher proportion of female prisoners reported having lived alone with dependent children prior to imprisonment (14% of women compared to 1% of men) which has implications for the care of the child whilst the mother is in custody (Dodd and Hunter, 1992).
- Over ninety per cent of male prisoners' children were cared for by either their partner or the child's mother (Dodd and Hunter, 1992; Murray, 2007). This compared to just 23 per cent of the children of female prisoners who were cared for by their partners (Dodd and Hunter, 1992). Research suggests when a mother is imprisoned the primary caregiver is often the grandparents or other female relatives (Caddle & Crisp, 1997; Sharp et al, 1997; Mumola,2000, Dallaire, 2007).

- Data from the Offender Assessment System (OASys) suggests that 59% of women offenders and 39% of male offenders have problems with their relationships, including poor childhood experiences, poor close family relationships and abuse (Dallaire, 2007).
- Children of prisoners have three times the risk of anti-social/delinquent behavior compared to their peers. They are a vulnerable group, which is in need of targeted support (Murray, J. and Farrington, D. P., 2008).
- In US approximately 1.3 million minor children have a mother who is under criminal justice supervision, and approximately 65 percent of women in state prisons and 59 percent of women in federal prisons have an average of two minor children (MoJ,2001).

Anger management

Anger is a common, universally experienced emotion, which occurs on a continuum from mild annoyance to rage or fury (Daffenbacher et al., 1996). Anger is likely to occur when a person believes their personal rights or codes have been violated. Similarly, anger can occur when a person feels powerless or threatened (Horn and Towl, 1997). Environmental circumstances often trigger anger. Despite the many positive functions of anger (Novaco, 1976), this emotion nonetheless poses difficulties for those with poor control over or expression of anger. This may be especially true in correctional settings. Anger can play a role in violent behaviour, which involves behavioural reaction in response to the event or the anger itself. Because of this link between anger and reactive violence (Brown and Howells, 1996), anger is often targeted as a variable to change when rehabilitating offenders. Disciplinary incidents, particularly those involving violent behaviour, are also of concern within institutions. Therefore anger represents both a management and a treatment consideration.

Some literature suggests (Mitch Byrne, 2000) that female prisoners have higher levels of anger with fewer efforts to control their anger than male prisoners. According to surveys (Ogle et al. 1998) women's expression of anger is inhibited by societal norms and that this forces women to internalise negative emotions instead of expressing them as anger and directing that anger at the target. Ogle and colleagues go on to suggest that these social inhibitions which prevent expression of anger also inhibit the development of strategies to regulate anger. Hence women may develop high levels of pent-up anger with seemingly little control over nor the development of angry

feelings neither the appropriate release of those feelings. Verona and Carbonell (2000) found that, while under controlled hostility typifies male violent offenders, over controlled hostility typifies female violent offenders. Hence, the needs of angry women may be different to those of angry men, impacting on treatment issues and anger management programs may need to be adapted to meet the specific requirements of female prisoners.

Theoretical Perspectives

In order to develop gender-responsive substance abuse and mental health services for women, it is essential to have a theoretical framework. This is the knowledge base that also creates the foundation upon which programs are developed. Four fundamental theories for creating women's services include: pathways theory, theory of women's psychological development, trauma theory, and addiction theory (Bloom, 2007).

a. Pathways Theory

Research on women's pathways into crime indicates that gender matters. Steffensmeier and Allen (1998) note how the "profound differences" between the lives of women and men shape their patterns of criminal offense. Many women on the social and economic margins of society struggle to survive outside of legitimate enterprises, which bring them into contact with the criminal justice system. The most common pathways to crime are based on survival (of abuse and poverty) and substance abuse. Pollock (1998) asserts that female offenders have histories of sexual and/or physical abuse that appear to be major roots of subsequent delinquency, addiction, and criminality.

In summary, pathway research has identified such key issues in producing and sustaining female criminality as histories of personal abuse, mental illness tied to early life experiences, substance abuse and addiction, economic and social marginality, homelessness, and relationships.

b. Theory of Women's Psychological Development

Theories that focus on female development, such as the relational model, posit that the primary motivation for women throughout life is the establishment of a strong sense of connection with others. Relational-Cultural Theory (RTC) developed from an increased understanding of gender

differences and, specifically, of the different ways in which women and men develop psychologically (Miller, 1986, 1990). According to RCT, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Connection, not separation, is thus the guiding principle of growth for girls and women.

The importance of understanding Relational-Cultural Theory is reflected in the recurring themes of relationship and family seen in the lives of female offenders. Disconnection and violation rather than growth-fostering relationships characterize the childhood experiences of most women in the criminal justice system. Females are far more likely than males to be motivated by relational concerns. The relational aspects of addiction are also evident in the research that indicates that women are more likely than men to turn to drugs in the context of relationships with drug-abusing partners in order to feel connected. A relational context is critical to successfully addressing the reasons why women commit crimes, the motivations behind their behaviours, the ways they can change their behaviour, and their reintegration into the community (Covington, 2007a).

c. Trauma Theories

Trauma and addiction are interrelated issues in the lives of women offenders. Although they are therapeutically linked, these issues have historically been treated separately. Trauma and addiction theories provide a critical element in the integration of and foundation for gender-responsive services in the criminal justice system (Covington, 2007b).

As the understanding of traumatic experiences has increased, mental health conceptualizations and practice need to be changed accordingly. It is now considered necessary for all service providers to become "trauma informed" if they want to be effective. Trauma-informed services are services that are provided for problems other than trauma but require knowledge concerning the impact of violence against women other traumatic experiences. According to Harris and Fallot (2001), trauma-informed services:

• Take the trauma into account.

• Avoid triggering trauma reactions and/or re-traumatizing the individual.

• Adjust the behaviour of counsellors, other staff, and the organization to support the individual's coping capacity.

• Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from these services.

Trauma begins with an event or experience that overwhelms a woman's normal coping mechanisms. There are physical and psychological reactions in response to the event: these are normal reactions to an abnormal or extreme situation. This creates a painful emotional state and subsequent behaviour. These behaviours can be placed into three categories: retreat, self-destructive action, and destructive action. Women are more likely to retreat or be self-destructive, while men are more likely to engage in destructive behaviour (Covington, 2003).

A study by Green, Miranda, Daroowalla, and Siddique (2005) that explored exposure to trauma, mental health functioning, and treatment-program needs of women in jails found high levels of exposure to trauma (98%) – especially interpersonal trauma (90%) – and domestic violence (71%) among incarcerated women, along with high rates of PTSD, substance abuse problems, and depression. These findings suggest that many incarcerated women are unlikely to meet goals of economic and social independence, family reunification, and reduced involvement in criminal activities without adequate attention to their PTSD and other mental health problems. The authors emphasize that, unless traumatic victimization experiences, functional difficulties, and other mental health needs are taken into account in program development, incarcerated women are unlikely to benefit from in-custody and post-release programs.

d. Addiction Theory

Historically, addiction research and treatment have been focused on men, even though women's addictions span a wide range, from alcohol and other types of drug dependence to smoking, gambling, sex, eating, and shopping (Straussner & Brown, 2002). The holistic health model of addiction, with the inclusion of the environmental and socio-political aspects of disease, is the theoretical framework recommended for the development of women's services (Covington, 1999; 2007b).

Although the addiction treatment field considers addiction a "chronic, progressive disease," its treatment methods are more closely aligned to those of the emergency-medicine specialist than the chronic-disease specialist (White, Boyle, & Loveland, 2002).

An alternative to the acute intervention model is behavioural health recovery management (BHRM). This concept grew out of and shares much in common with “disease management” approaches to other chronic health problems, but BHRM focuses on quality-of-life outcomes as defined by the individual and family. It also offers a broader range of services earlier and extends treatment well beyond traditional treatment services.

Woman-Oriented approach to service organization

National governments are responsible for the provision of adequate health care to prisoners. Its quality and access should be broadly equivalent to the services provided in the community. However, in the majority of countries worldwide, and particularly in Georgia responsibility for prison health lies with the ministry of correction, instead of the ministry of health. This can contribute to isolation of prison health services from public health services, leading to difficulties in staff recruitment and quality assurance. There are substantial differences between countries regarding health-care provision to women prisoners. Services designed specifically for women, helping them to feel safe and supported and considering gender-specific issues, are seldom provided. There are differences in the ways that mental health issues are addressed. In some systems, mental health screening is not part of the normal procedure on entrance and women prisoners are not differentiated based on their mental health status. Mental health programmes are either non-existent or inadequate to address women’s specific needs (United Nations Office on Drugs and Crime, 2008), which may result in severe damage to their mental health (Rutherford, 2008). While in the correctional system, women have little access to gender-responsive substance abuse and mental health services. After completing their prison sentences, they are released back into their communities with little transitional support or integrated services that address their substance abuse, trauma, and mental health needs.

Specific elements are needed to create gender-responsive programs. For women, recovery is a process of transformational change which occurs in deep connection with self and others. Based on four theories discussed previously, Bloom, Owen and Covington (2004) reported six guiding principles related to the management, supervision and treatment of women offenders in the criminal justice system:

1. Acknowledge that gender makes a difference;

2. Create an environment based on safety, respect, and dignity;

3. Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others and the community;

4. Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision;

5. Provide women with opportunities to improve their socioeconomic conditions;

6. Establish a system of community supervision and re-entry with comprehensive, collaborative services.

Gender-responsive system scenarios utilizing the above principles and general implementation strategies may look like the following (Bloom et al 2004):

• The correctional environment or setting is modified to enhance supervision and treatment;

• Classification and assessment instruments are validated on samples of women offenders;

• Policies, practices, and programs take into consideration the significance of women's relationships with their children, families, and significant others;

• Policies, practices, and programs promote services and supervision that address substance abuse, trauma, and mental health and provide culturally relevant treatment to women;

• The socioeconomic status of women offenders is addressed by services that focus on their economic and social needs;

• Partnerships are promoted among a range of organizations located within the community.

Hence, the evidence is systematic and consistent; women's specific needs are often unmet by prison services and by the prison environment. Moreover, there are considerable gaps between prison health services and public health services. Addressing the mental health and psycho-social needs of women offenders involves a gender-responsive approach that includes comprehensive services that take into account the theoretical perspective, trauma, content and context of women's lives. Programs need to consider the fact that a woman cannot be treated successful in isolation from her social support network. Coordinating systems that link a broad range of services

will promote a continuity-of-care model that may ultimately reduce criminalization of women's survival behaviours.

Purpose of the Survey

During recent years the Committee for the Prevention of Torture (CPT), the Public Defender's Office (NPM, 2007, 2008) and the NGO community have repeatedly pointed out that the penitentiary system in Georgia falls short of guaranteeing freedom from ill treatment and ensuring adequate living conditions. In the reports, the existing situation was repeatedly criticized and a number of recommendations were issued, asking the Georgian authorities to provide a lasting solution to prison overcrowding, to implement social rehabilitation and purposeful activities for prisoners.

The government responded to the steady drumbeat of criticism and in February of 2009 created a new state agency to implement reforms in penitentiary system and to assemble a new penal code (ISHR Georgia Report, 2010). The penitentiary reform, among other issues, focused on a new Imprisonment Code that promotes the re-socialization of inmates and the prevention of crimes and emphasizes that "imprisonment and deprivation of liberty shall be performed in accordance with the principles of legality, humanity, democracy, equality before the law and individualization of punishment" (Imprisonment Code, 2010). Over recent years, Community based organizations (CBO) have been deeply involved in issues related to the prison reform.

In summary, a considerable number of projects were implemented with financial support from international organizations, which included:

- Projects in the field of (mental) health within the penitentiary, such as one focused on making juvenile and women's prison healthcare more effective;
- The introduction of modern approaches to aggression management for prison guards – this training has become an integral part of a training package delivered to every newly hired regime staff;
- Various projects focused on rehabilitation, re-socialization and reintegration of prisoners, one focusing on female prisoners and detainees in Georgia (developing multidisciplinary mobile teams in pre-trial detention and developing rehabilitation and re-socialization

programs for inmates); a project introducing the Four R's in Georgia: Rehabilitation, Reintegration and Reducing Recidivism among Georgian (Ex)-Convicts;

and a project to

- support of re-socialization and re-integration of prisoners and persons under probation into society;

Reform of a penitentiary service is a complex and long-lasting process, but some steps could be done immediately to develop effective gender sensitive programs. Thus, the women prisoners comprise the one of the most vulnerable groups within the penitentiary system, so the prevention and treatment of their medical and psychosocial problems should be articulated accordingly.

Based on literature analyses and local context the aim of the survey was to study women prisoners' psychosocial needs for developing relevant support programs for their rehabilitation, re-socialization and reintegration (RRR).

Research Question

This study addressed research question and hypotheses. The research question and its attendant hypotheses were divided to assess the mental health and psycho-social needs of female prisoners to develop gender-responsive multidimensional approaches.

Research question

To what extent women's socio-demographic characteristics, life experience, trauma and relationship shape their real needs in prison system?

H1 - Understanding of the profile of women offenders in terms of their socio-demographic characteristics and the patterns of experience will help in planning gender-sensitive and culturally responsive programs;

H2 - Women offenders relationship with family especially with their children will benefit women's will improve their response to custody;

H3 - Addressing Substance abuse, anger and mental health will benefit women's behaviour;

H4 - Increasing of social competence and skills will improve female offenders' re-socialization and reintegration.

Objectives of the Survey:

- Identifying baseline needs and defining main problems that are most dominant and requiring attention;
- Prioritizing of the RRR activities to meet needs of imprisoned women;
- Elaborating practical recommendations for improving management of women prison facilities based on the evidence generated through the survey;

In the long-term perspective, knowledge of baseline needs and introduction of the relevant needs-specific programs and services might improve the mental health of women prisoners, thus facilitating their rehabilitation, reintegration and re-socialization (RRR).

Methodology

The survey was carried out in Rustavi prison (number 5), representing the only penitentiary facility for women in Georgia. As of March 2012, the total population in the above mentioned facility was 1.100, including 138 pre-trial female detainees. The data was collected through face-to-face interview of female offenders using set of structured questions with a few open-ended questions (so the respondents could explain their answers in detail or provide more information).

A survey instrument (questionnaire) was developed according to the survey objectives within the theoretical framework based on four fundamental theories already mentioned (Bloom et al., 2008): **Pathways Theory**, according to which the main reasons of criminal behaviour in women are violence (sexual and physical), poverty and drug addiction; **Theory of Women's Psychological Development**, focused on the **Relational Model**, according to which the main motivation of women offenders is a feeling of strong connection with others, and **Trauma and Addiction Theories**, according to which trauma and drug addiction are interlinked in the lives of women offenders.

Based on this theoretical framework, the questionnaire has been developed considering psychical, psychological, emotional, spiritual, and socio-cultural needs of women; some questions were

designed based on the Anger Expression Inventory Scale (Spielberger, 1991), directed to measure anger as a situational emotional response across three different dimensions: (a) Anger-In, (b) Anger-Out, and (c) Anger-Control.

Opinions and remarks expressed by the focus group experts were considered when working on the content and the form of the survey instrument. The questionnaire was piloted and finalized upon analyzing the piloting results.

Sampling

Sample size was calculated based on the following parameters: confidence level 95%, confidence interval ±0.08. Sample size was defined to be 120 surveyed persons.

Sample population was selected from 1100 women prisoners placed at the Rustavi prison #5, by simple randomization method. Each tenth woman was selected from the list of women prisoners, until the sample size pre-defined by the survey has been matched.

Inclusion criteria were:

≥ 18 years

- Minimum 3 months of imprisonment for pre-trial detainees
- Minimum 12 months of imprisonment for inmates

Exclusion criteria were:

- Cannot give consent on participation
- Does not want to participate

Content

Assessment of women prisoners' needs was carried out upon obtaining approval of survey's ethics commission. Each respondent fill up the form of consent and the confidentiality principles was observed.

Variables

To assess the multidimensional needs of female offenders the survey instrument included the following variables:

- Age – converted into years.
- Ethnic origin – a series of four variables were created for ethnic origin and given code Georgian=1, Azerbaijanian=2, Armenian=3, Russian=4, other=5, unknown=99
- Family status – recoded as Single =1, Married =2, Divorced=3, Live with partner=4, Widow=5, No answer=99.
- Number of children- offenders who did not have children were coded 1, 1 child was 2, 2 children-3, 3 and more children were coded 4. No answer was 99.
- Occupation prior to incarceration- offenders who answer that they do not have a profession were coded to a value 1, answer "Yes"- to a value 2. This question is open-ended and asks for specification of profession.
- Prior Employment history- recoded as employed=1, unemployed=2, No answer=99
- Time spent in prison - number of incarcerations for the last 10 years; time spent in prison (number of months) and time spent in prison during the past 10 years (approximate number of months).
- Time to be spent in prison – number of months that offender has to stay in prison according to sentence.
- Self-evaluation of the state of health – physical and emotional health self-assessment during the last month, including the following items: physical activities, taking care, physical pain, feeling, everyday relations, anxiety and everyday activities. The items were rated on a scale from 1 (very good) to 5 (very poor). Answer "I don't know "was scored as 0.
- Smoking – offenders who didn't smoke were coded as 1, smokers were coded as 2. Smokers were asked about the average daily consumption.
- Mental health problem prior to prison – as it was no possibility to check the medical records of prisoners only self-reports were assessed "Yes" =1, No=2). If the offenders reported a mental health problem in the past, they were then asked about whether they received psychotropic drugs and which drugs. Current mental health and emotional

problems were listed for-self-assessment. Receiving psychotropic drugs in prison was asked and specified in case of taking drugs.

- Substance abuse history prior to incarceration – a multiple answer question coded as Yes=1, No=2. If Yes, following questions score the substance (alcohol=1, cannabis=2, opiates=3, hypnotics/sedatives=4, stimulants drugs=5, ecstasy=6, other (specify)=7 , NA=99. The frequency of using drugs were recoded as very rarely counted 1, during 12 months before incarceration counted 2, During 30 days before incarceration scored as 3.
- Question about the reason of substance abuse included following items: Emotional problems, Psychological problems (loneliness, disappointment, law self-esteem), Physical abuse, Sexual abuse, Spouse/partner influence, Worsening / ending relations, Social problems (unemployment, poverty), Having interest/ fun, Coping behaviour, Other (specify), Do not know. The consequences of substance abuse were recoded as Health problems=1, Psychological problems (loneliness, disappointment, law self-esteem)=2, Physical abuse=3, Sexual abuse=4, Worsening / ending relations=5, Social problems (unemployment, poverty, losing family, friends)=6, Other (specify)=7, NA=99.
- Seeking for help – in case of emotional or psychological problems the possibilities of care like Doctor/nurse, Lawyer, Prison staff, Social worker, Psychologist, Another prisoner, Family members, Priest were recorded from 0 to 7.
- Needs of imprisoned mothers- the following items were assessed: contact with child, frequency of contact, child care, skills for providing care to the child, conditions for taking care of the child, information about child's development, emotional state, problems of relations with child, child's health, conditions for child's development.
- Social competence – self assessment of self-expression, independent living skills, self-realization, skills of establishing relations, self-confidence, computer skills, having an interview, filling in application. The items were rated on a scale from 1 (very good) to 5 (very poor). The answer "I don't know "was scored as 0. Wish to learn new skills counted Yes-1, No-2. Open-ended question was about the skills that in their opinion would be helpful after release.
- Anger management- assessment of anger expression in three different dimensions: (a) Anger-In, (b) Anger-Out, and (c) Anger-Control. Anger expressions were rated from 1 –not

at all to 5 –very often. It was measured whether anger was preceded with a provocation, getting angry without reason, skills to control anger, cases of inflicting self-harm, cases of expressing aggression towards others, cases of committing violence in the past; the same items compared before incarceration and after incarceration.

- Reintegration, re-socialization - skills for reintegration were assessed using scores from 1- very good to 5- very poor. Counted items were the following: how supportive is the environment, whether skills needed for employment are available, does a detainee pursue contacts with family / supporting person, does she need to learn skills for reintegration; Open-ended questions were obtained information about future plans and foreseen barriers for re-socialization after release.

Finally an open-ended question provided the opportunity for women offenders to express their view, concerns and wishes.

Statistical Analysis

The raw data was processed by the software program SPSS, version 16. The obtained data was analyzed using descriptive statistics, together with simple graphics, to describe basic feature and tendency of the data. Social-demographic data was analyzed to find profile of female offenders: age, ethnicity, educational level, marital status, occupation level and commonly occurring professions, economic condition, having children and number of children. Health, drug abuse, social competence and trauma experience data were analyzed to summarize the frequency of individual values or ranges of values for a variable.

Qualitative analysis was made of data gathered through interviews and female prisoners' comments and remarks. The analysis included explanation, understanding or interpretation of the needs of female prisoners in meaningful and logical content. Main tendency, concerns, aspiration and requests of women prisoners' were identified.

Planned activities and implementation time

Each tenth women prisoner was selected for survey purposes from the list of women prisoners of Rustavi prison # 5 in May 2012, until getting a required number of respondents. If a surveyed

person was excluded from the survey, she was replaced by the next tenth prisoner from the list. All women who satisfy inclusion criteria were questioned by the specially elaborated questionnaire.

#	Activity	Implementation time	Implementer	Note
1.	Survey design – survey protocol	05.05.12	N. Zavradashvili Supervisor	
2.	Focus group, elaborating questionnaire	7.05.12	N. Zavradashvili	
3.	Getting permission from Ethics Commission	15.05.12	N.Zavradashvili	
4.	Piloting questionnaire	20.05.12	Interviewers	1 day, 4 people at Rustavi prison
5.	Analysis of piloting, finalizing questionnaire, training interviewers	25.05.12	N. Zavradashvili with participation of experts	
6.	Interview	1.06–5.06.12	Interviewers	5 days* 4 people at Rustavi prison
7	Entering data and its statistical processing	6.06–6.07.12	N. Zavradashvili Interviewers	
8	Developing recommendations, preparing final report	10.07- 10.10.12	N. Zavradashvili Experts Supervisor	

RESULTS

1. Age and ethnic group

The average age of imprisoned women was 42 years; the youngest woman was 19 years old, and the oldest was 72 years old. The women of the age group of 35-39 represented the highest percentage (22%), 5% of those surveyed were 36 years old, 7.5% - 60 years old and above. 8% of women were 19-25 years old.

86% of surveyed women were ethnic Georgian, 5% Armenian, 2,5% Russian and 1,7% Azerbaijanian.

Table 1 Age of female prisoners

Age of female prisoners	**years**
Mean	42
Mode	36
Minimum	19
Maximum	72

2. Education

48% of imprisoned women had higher education, only 32% had secondary education and 13% of surveyed women had specialized (vocational) education. No women was uneducated.

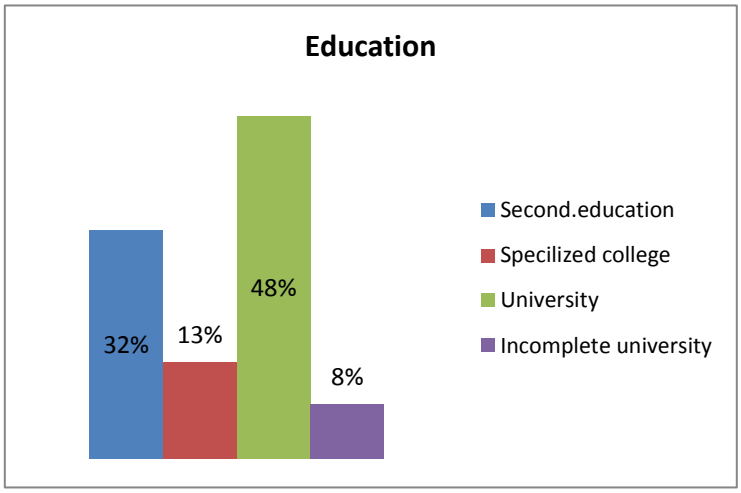

Chart 1 Education level of female prisoners

3. Occupation

70% of surveyed stated that they had professional qualification; 18% of them had economic education, 11% worked in the medical field, 12% were lawyers.

41% of surveyed had been occupied before imprisonment, 33% stated that they had been self-occupied. 24% of imprisoned women were unemployed before imprisonment.

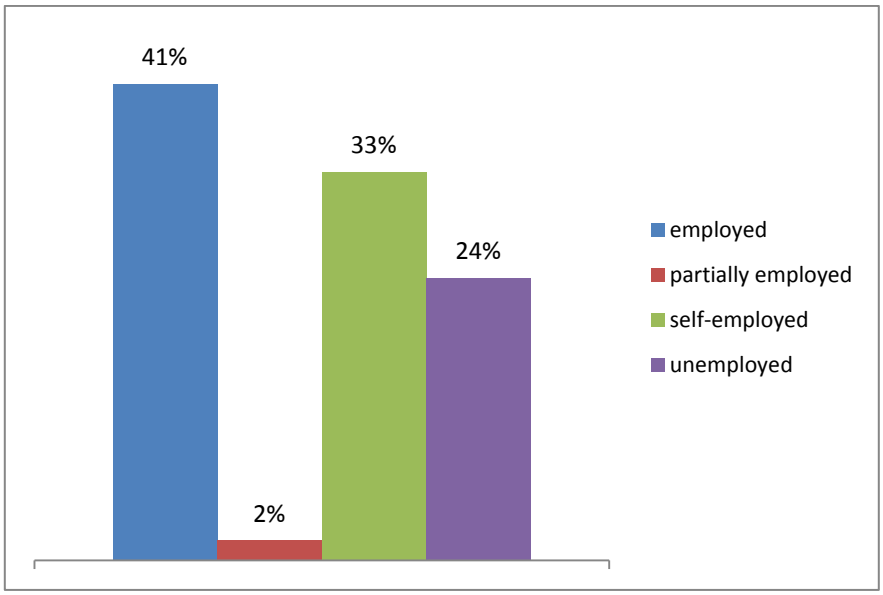

Chart 2 Occupation before Imprisonment

4. Marital status

42% of surveyed women were married (3% was non-registered), 31% divorced, 13% widowed and 14% had never been married.

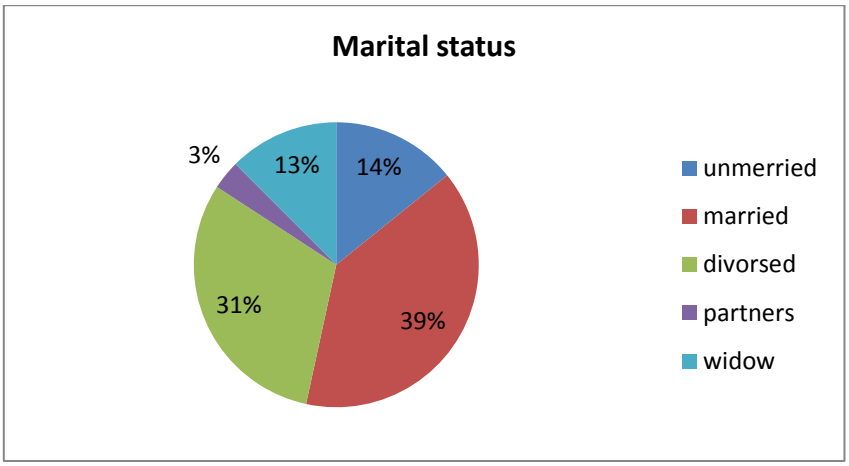

Chart 3 Marital status

80% of surveyed women had child; of them, 19,2% had 3 and more children, while 14,2% had child under 6 years old.

Imprisoned women suffered that the children were growing without mothers; they lost contact with them and were afraid that their families would be ruined. Mothers of underage children suffered the most: “What is the point of life of a mother who forgets the smell of her own child?”

Table 2 Number of children of female prisoners

Children

	Frequency	Percent
no	24	20
1 child	40	33
2 children	33	28
3 and more	23	19
Total	120	100

More than half of surveyed imprisoned women were smokers, 49% were non-smokers. Smokers consumed average 20 cigarettes a day, 45 cigarettes a day was the maximum. Approximately 20% of smokers consumed 30 cigarettes and more a day.

Imprisoned women stated that they smoke for killing time or calming their nerves. Part of the women complained that smokers and non-smokers were placed together in the cell and the second part was disturbed of smoke. Majority of smoking women said that they started smoking in prison or they smoked now twice as much than before imprisonment:

“What is the point of not smoking while you are sitting in this smoke all day long; it’s better to start smoking instead.”

5. **Imprisonment Status**

Approximately 17% of surveyed women were accused and had been detained for more than 3 months in the moment of the survey. Average length of imprisonment was 8 months, maximum length - 45 months. 90% of surveyed women were imprisoned for the first time, 10% - for the second time.

One third of imprisoned women had spent more than two years in prison, while another third had spent more than five years in imprisonment for the last 10 years. 89% of them had been imprisoned for the first time, 9% - for the second time, and 2% - for the third time. Average length of imprisonment during the last 10 years was 45 months.

Nearly 50% of imprisoned women served the sentence from 5 to 10 years of imprisonment, while 27% had been convicted for up to 5 years.

More the woman had been imprisoned, the less capable she became to re-socialize and reintegrate. Majority of the women thought that society was disposed especially negatively towards them, and they believed that meeting with the representatives of the society would help minimize this confrontation.

Women who had been in prison for quite a long time complained that they did not have information what was going on outside, how the society was developing and what were the main tendencies.

6. Healthcare Issues

16% of imprisoned women had not visited a doctor for the last 3 months; average rate was 15 visits, 37% of them had seen a doctor 10 times and more; the maximum number of visits was 90 (one female prisoner said she was seeing the doctor every day).

25% of those imprisoned had not had EOC for the last 6 months, 42% of them had EOC for up to 5 times, 20% had 10 or more visits. 8 visits in this group was an average rate.

Prisoners complained of lack of air, bad ventilation, poor quality food, inability of physical exercise, overcrowded cells, rough cement floors and worried that it could negatively affects their health. The women thought that if they did not fight for their health now, they would have serious problems in the future: “In these conditions, if you do not take care of yourself, you will become ill and no one will take care of you later, outside”. One of them said that only after going on hunger strike she was provided with the device for hearing impairment.

Table 3 Episodes of Care EOC of inmates and defendants

	Episodes of Care EOC of inmates during past 6 months	
EOC	**Frequency**	**Percent**
0	25	25
1	16	16
2	10	10
3	5	5
4	8	8
5	3	3
6	6	6
7	1	1
8	1	1
9	1	1
10	4	4
12	1	1
15	2	2
20	2	2
24	2	2
30	10	10
40	1	1
60	1	1
100	1	1
Total	100	100

	Episodes of Care EOC of defendants during past 3months	
EOC	**Frequency**	**Percent**
0	3	15.8
1	2	10.5
2	2	10.5
3	3	15.8
4	1	5.3
7	1	5.3
10	2	10.5
32	2	10.5
40	1	5.3
48	1	5.3
90	1	5.3
Total	19	100
missed	1	
Total	20	

7. Health Self-assessment

Generally, 44% of imprisoned women assessed their health negatively, 15% assessed their health positively, while 39% thought their health was in an average condition (Table 4). Negative and positive answers concerning restricted physical activities were allocated almost evenly (40% and 37% respectively), 58% assessed their independent living skills as good, and 22% thought their independent living skills had been worsened due to deteriorated health.

Table 4 Health self-assessment

	Do not know	Very good	Good	Fair	Poor	Very Poor
General Health	2	3	12	39	26	18
Impairment of physical activities	0	23	17	23	22	15
Difficulties in self-care	1	42	16	20	13	9
Physical pain	0	28	6	30	15	21
Feeling active	0	15	14	32	23	17
Difficulties in communication	0	53	14	14	9	9
Emotional problems	0	21	8	26	15	30
Impairment of everyday activities	0	39	12	21	10	18

30% of women suffered from physical pain of medium intensity, the rest of them gave positive and negative answers almost evenly (34% and 36% respectively). 39% of surveyed believed that their energy level had been seriously diminished, while 29% of them felt themselves as energetic as usual. Surveyed women believed that social-relationship skills were important and thought that these skills had not been damaged due to worsening health (68%); only 18% thought that their relations had been negatively affected due to worsened health.

45% of surveyed women suffered from emotional problems (irritation, depression), 29% of them did not complain about emotional problems at all. 51% thought that their daily activities had not been affected due to emotional problems; 28% of women thought they had been affected.
In general, despite only 15% of surveyed women assessed their health positively, average 40% in total gave positive answers while making self-assessment of their health. Average 33% assessed negatively their health, 26% of them assessed it as average. 17% assessed their health as very bad, 28% assessed it as very good.

76% of surveyed imprisoned women stated that they did not consume any psychoactive substance before imprisonment. 10% of women said they consumed alcohol, 10% confirmed consumption of opiate drugs, 6% said they smoked marihuana, 7% stated they used sedative drugs, and approximately 4% used other psychoactive drugs. About 8% stated they used several psychoactive substances simultaneously.

5% of those who consumed psychoactive substances before imprisonment said they consumed these substances rarely, 13% stated they had been using these substances regularly for the last 12 months, and 6% said they used psychoactive substances for 30 days before imprisonment.

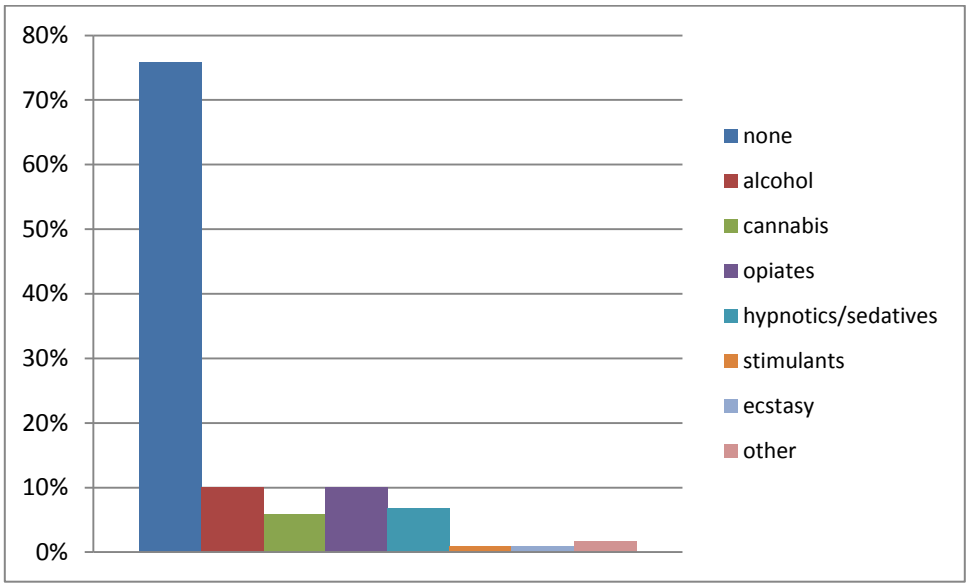

Chart 4. Substance Abuse in the Past

Answers to the question, what was the reason of using drugs, were given as follows:

Table 5 Factors related to the onset of substance abuse

What was the reason?	**Percent**
Don't know	3%
Emotional problems	38%
Psychological problems	21%
Spouse/partner influence	7%
Worsening / ending relations	10%
Social problems	10%
Having interest/fun	38%
Coping behavior	7%
Other	24%

As it's shown from the table, the main reasons for using drugs turned out to be emotional problems (worries, disturbance) and interest/having fun – 38%; psychological problems such as loneliness, sadness, law self-assessment were mentioned by 21%; 10% stated that social problems (poverty, unemployment) and worsening relations within the family or with partner became the reason to drug dependence or alcohol consumption. Influence from / imitating the spouse's behaviour had been mentioned by 7%. 24% stated "other reason", of them, using drugs for health reasons at the beginning, self-blaming, and health problems. 10% mentioned about the several reasons simultaneously.

78% of surveyed imprisoned women stated that they did not take any psychotropic medication at all in prison; 22% stated that they did take psychotropic medicines.

Table.6 Prescribed psychotropic medicines in prison

Prescribed Psychotropic Medicines		
What Kind	**Frequency**	**Percent**
Herbal	7	26%
Antidepressants	10	37%
Benzodiazepines	15	56%
Neuroleptics	2	7%
Carbamazepine	1	4%
Hypnotics	4	15%
Other	1	4%

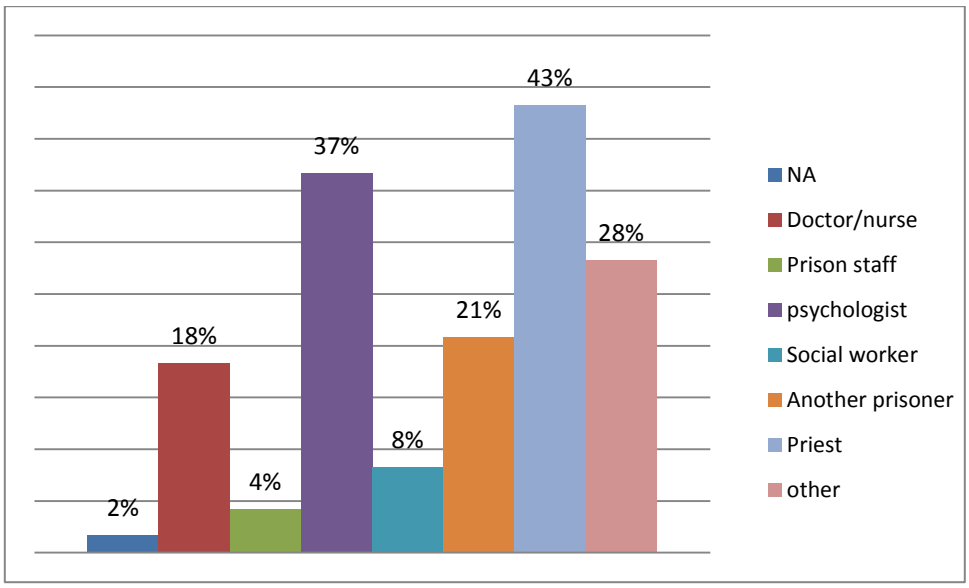

Chart 5 Seeking for help

8. Needs of Mothers and Children

14.2% of those surveyed stated that they had an underage child (under 6 years old), one third of women had child with them in prison; children of 82% of surveyed women were growing in their families and 41% of imprisoned women stated that the family members brought their children to the appointments in prison. In case of two underage children one child was with the mother and the other one was growing in the family.

The questions: “Do you have skills of taking care of the child?” and “Do you have information about child’s development?” were answered positively by all prisoners having children. 83% stated that they had difficulties in relations with the child. 17% of prisoners with children believed that the child’s health was poor, the rest of them thought that the child’s health was good or satisfactory. Also, all imprisoned women stated that in prison there were all necessary conditions for taking care of child including hygienic means; 67% believed that the special program for helping mothers was running in prison; 33% stated there was none of such programs available. Half of those surveyed believed that there were not any conditions for child’s development created in prison; another half thought that this condition was at place. Majority of imprisoned women stated about the need of improving the children’s food and the need for toys.

Seeing the own child behind the glass wall was stated as the main problem, making these meetings an unbearable experience:

“Child is crying on the other side of the glass, I am at my side explaining why he cannot cuddle up his mother”;

“I was suffering so badly that I forbad my family bringing the child. I’d rather not see him at all than seeing him crying from the other side of a glass wall.”

9. Re-socialization / Reintegration

The percentage of self-assessment of imprisoned women in terms of their social competences, self-control and relations skills has given the following picture:

Table 7 Social competences of female prisoners

Social skills	Do not know	Very good	Good	Fair	Poor	Very Poor
Independent living skills	1	61	28	10	1	
Relations	2	59	28	6	3	2
Present yourself	3	40	28	24	6	
Self-confident	1	43	30	18	5	3
Computer skills	12	22	18	24	3	22
Write an application	3	53	31	8	3	1
Have an interview	6	50	30	8	2	4
Supporting surrounding		63	23	7	3	4
Family support		70	17	8	3	3
Support from other inmates	1	59	23	13	3	2
Employment opportunities	9	37	33	5	5	11
Professional skills	4	48	26	8	6	8

The self-assessment table shows that the majority of imprisoned women assessed their skills positively, especially it refers to the independent living skills (89%), the skill of making contacts (87%), and support from other inmates (82%). More than 70% positively assessed their self-confidence and self-presentation skills as well as professional skills. 82% felt support from other inmates. The computer skills were assessed the lowest (40%) and 22% stated that they did not have any computer literacy at all. 67% thought that they could find job, 16% believed they could

not. More than 80% of prisoners thought they had supportive environment and felt support from the latter (family, friends). Approximately 7% thought they did not have supportive environment.

71% of surveyed women would like to learn new skills; 29% did not think they needed any new skills. To the question, which skills they would like to learn the most, the answer was "computer" and "foreign language". Also, handicraft, knowledge of legal aspects, self-management and business administration skills, cosmetology, design, massaging, floristry, web design and other skills were mentioned.

91% of surveyed stated that they had future plans: 76% had a wish to find job, 75% believed it's important to keep up with the family. 37% of the imprisoned women planned to change their lifestyle and 24% planned to restore their relations, while 14% planned to get or complete their education.

Table 8 Assessment of future plans

Future plans		
	Frequency	**Percent**
Get education	15	14%
Find job	84	76%
Keep family	83	75%
Restore relations	27	24%
Change life style	41	37%
Other	10	9%
Do not know	1	1%
Refused to answer	1	1%

The imprisoned women were afraid that, the most probably, they would face economic and employment problems after release, 20% thought they might have housing problem and around 7% were afraid they might be rejected by the family. 38% believed they would have health problems; 18% predicted they would have psychological problems after leaving prison, the problem of loneliness was mentioned by 7%. 13% of those surveyed mentioned about other problems.

The question: "Which problems will you predict in the future?" was answered as follows:

Table 9 Assessment of problems after release

Estimated problems		
	Frequency	Percent
Don't know	9	8%
Loneliness	8	7%
Employment	40	33%
Economic	53	44%
Family	8	7%
Housing	24	20%
Relations	11	9%
Psychological	21	18%
Health	46	38%
Other	16	13%

10. Trauma / Aggression

Studying the facts related to auto-aggression and violence revealed that absolute majority of women did not mention about any facts of auto-aggression and violence neither before nor after the imprisonment. 13% of surveyed stated they had been inflicting self-harm before imprisonment; 10% stated they started inflicting self-harm after imprisonment. Around 9% of surveyed women could not help manifesting aggression towards others. 82% of surveyed women did not feel themselves as victims of violence, 12% stated they did fall victims of violence with different intensity. Only 2% stated that they were experiencing violence occasionally after imprisonment. Only 2% stated that they had frequently been sexually abused before imprisonment; 5% stated that such occasions were very rare. 99% of imprisoned women refused any facts of sexual abuse, only one prisoner mentioned about this fact.

Table 10 Assessment of trauma/aggression before incarceration

Before incarceration (%)	**Not at all**	**Not at all**	**Not at all**	**Not at all**	**Not at all**
Self-harm	88	8	3	1	1
Verbal or physical abuse towards others	78	13	5	3	1
Subject of psychical abuse	82	7	4	5	3
Subject of sexual abuse	93	5		2	

Table 11 Assessment of trauma/aggression after incarceration

After incarceration (%)	**Not at all**	**Not at all**	**Not at all**	**Not at all**	**Not at all**
Self-harm	90	6	1	3	1
Verbal or physical abuse towards others	80	13	4	2	2
Subject of psychical abuse	97	2	2		
Subject of sexual abuse	99		1		

26% of imprisoned women said that they could manage to keep the self-control, and they did not get angry at all or got angry quite rarely (23%). 33% of those surveyed stated that they got angry quite often.

Injustice (55%) and difficulty adjusting to prison environment (35%) were the most frequent reasons named among those causing anger. 29% mentioned frustration, 21% - own temper, namely, irritability as the reason to anger. Imprisoned women chose the answer “Other” in 21% of cases, stating mostly that they were angry with themselves that they ended up in prison, less frequently they blamed the family and environment.

Imprisoned women were very sensitive towards unequal and unjust attitude from the prison administration, and reacted painfully to the facts of putting certain inmates under preferential terms.

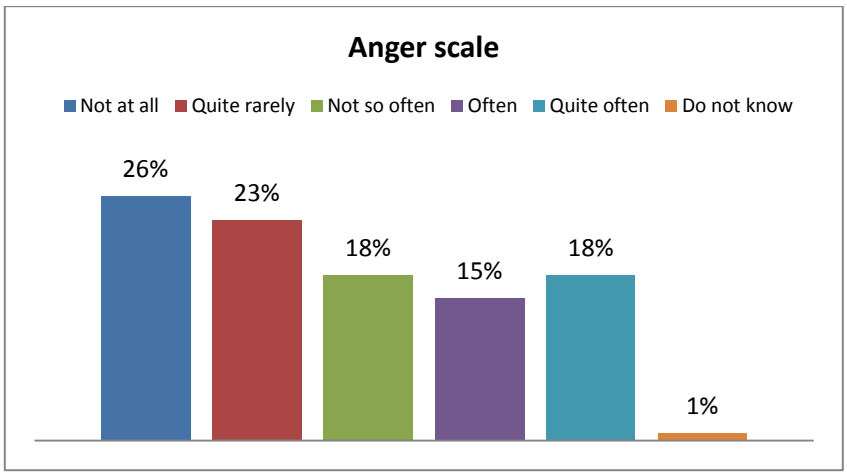

Chart 6 Assessment of anger

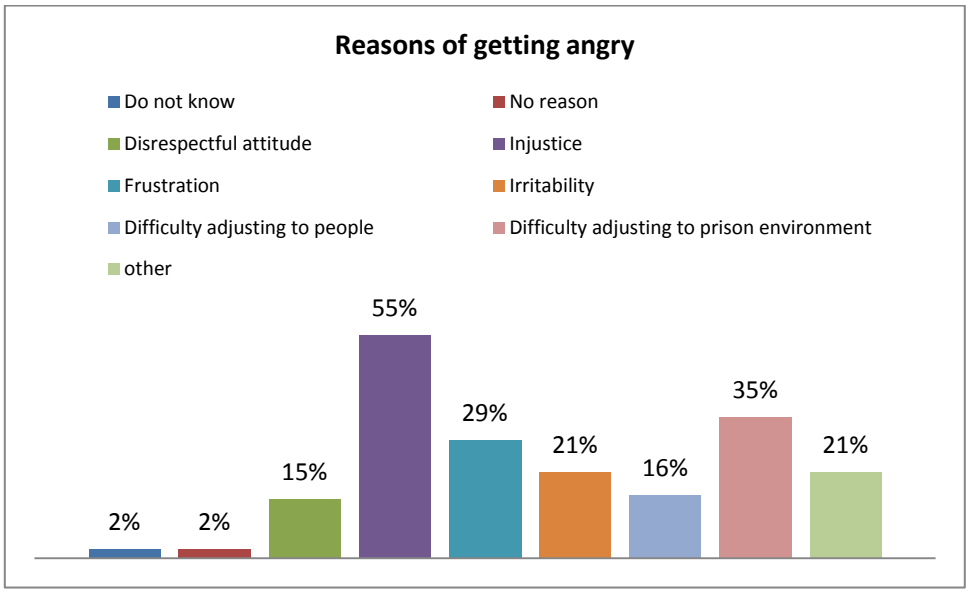

Chart 7 Assessment of factors related to anger

To the question, what helps inmates to overcome anger, the most common answer was: prayer (66%), self-calm exercises (50%) and talking with friends (31%). Surveyed women also chose shifting attention (19%), psychical exercise and avoiding situation (17% of answers). The answer "Other" mainly meant doing household activities, knitting, talking with family members, reading, solitude.

To the question, whether the inmates would like to learn anger management skills, the opinions varied: 47% of surveyed women said they needed the anger management skills, while 53% of imprisoned women said they did not need to learn the above-mentioned skills.

Table 12 Assessment of self-anger management

Anger management		
	Frequency	**Percent**
Nothing	3	3%
Self-calm exercise	45	50%
Shifting attention	17	19%
Physical exercise	15	17%
Avoid situation	15	17%
Talking with friend	28	31%
Spiritual rituals	59	66%
Shift aggression towards others or herself	4	4%
Other	18	20%

11. Additional comments

The following comments and wishes had been voiced during the interview:

- It would be good if we had some workshops in prison, we would be employed and earn some pocket money by the time of release;
- The prison conditions should be improved: food should be better, it should be the possibility to take a shower, better ventilation is needed, prison cells are overcrowded so that there is impossible to breathe;
- Prison yard is not equipped with any facilities at all; there are no green plants, we do not have sports hall, there is no possibility to lead a healthy lifestyle;
- Different training courses should exist to choose from, such as language and computer courses as well as cooking, massaging, design, gardening, handicraft, communication, and self-control skills courses, etc.
- Psychological help, talks, art therapy;
- Getting help from social worker in finding job and solving family problems;

- Poor quality food is a problem; there is no special diets, no fruits;
- Hygienic means are not provided; those who are not helped by the family are compelled to serve other inmates in order to be given hygienic means in exchange;
- If the woman has been rejected by her family, she is not provided with food and hygienic means from outside;
- We need a washing machine and a fridge, products are spoiled in summer;
- Education, employment, daily activities, psychological help, talking about family problems;
- Fair attitude, stimulation;
- Contacts with society, raising self-assessment and restoring the sense of dignity.

Main Findings

- The basic population of imprisoned women consists of young, energetic, working-age females, majority of which have professional qualification and have families. The average age of imprisoned women is 42 years, around one third of surveyed women represent the 30-40 age group. The rate of divorce is high among this group (31%), 14% have never been married;
- 80% of surveyed women have children; among them, 19, 2% have 3 and more children, while 14,2% have a child under 6 years old. 82% of them mentioned that the child is growing in the family and 41% stated that the child is brought to the appointments to the imprisoned mother. Seeing the child behind the glass wall was named as the main problem, making these meetings a very painful experience;
- 48% of surveyed have higher education and 70% of surveyed stated that they have profession. While according to GeoStat[2], the unemployment rate in Georgia in 2012 was 15%, 24% of imprisoned women were unemployed before imprisonment;
- More than half of survived women are smokers; those who smoke consume 20 cigarettes a day average. Around 20% of smoking women consume 30 and more cigarettes a day;

[2] http://www.geostat.ge- Georgian statistics bulletin, 2012

- 90% of women have been imprisoned for the first time; around 50% have been sentenced from 5 to 10 years. At the moment of the survey, around one third of imprisoned women have been in prison for more than 5 years;
- Imprisoned women complain about lack of air, bad ventilation, poor quality food, inability of psychical exercise, overcrowded cells and worries about the future, which they believe negatively affect their health. 20% of imprisoned women regularly visit the doctor and ask for examinations and medical consulting;
- In general, despite only 15% of surveyed women assessed their health positively, average 40% in total gave positive answers while making self-assessment of their health. 45% of surveyed women suffer from emotional problems (irritation, depression) being the highest rate;
- 76% of surveyed imprisoned women stated that they did not consume any psychoactive substance before imprisonment. 10% of women said they consumed alcohol, 10% confirmed consumption of opiate group drugs. About 8% stated they used several psychoactive substances simultaneously. Psychoactive drug users named the main reasons of using drugs being emotional and psychological problems as well as interest and fun. Only 10% stated that social problems and worsening relations have caused drug dependence or alcohol consumption;
- Imprisoned women mostly take benzodiazepines (56%) and anti-depressants (37%) while in prison;
- When asked about the persons to address when talking about psychological / emotional problems, the highest percent of surveyed women (43%) name a priest, 37% name a psychologist;
- More the woman has been imprisoned, the less capable she becomes to re-socialise and reintegrate. Majority of the women think that society is disposed especially negatively towards them;
- Imprisoned women suffer that the children are growing without them; they lose contact with their children and are afraid that their families will be ruined. Mother of minor children are suffering the most;

- Majority of imprisoned women assess their social skills positively, especially it refers to the independent living skills (89%), and the skill of making contacts (87%), More than 70% positively assess their self-confidence and self-presentation skills; The computer skills were assessed the lowest (40%) and 22% stated that they do not have any computer literacy at all.
- More than 80% of prisoners think they have supportive environment and feel support from the latter. Approximately 7% think they do not have supportive environment;
- 71% of surveyed women would like to learn new skills. To the question, which skills they would like to learn the most, the answer is “computer” and “foreign language”. Also, handicraft, knowledge of legal aspects, self-management and business administration skills are mentioned.
- In general, surveyed women are set optimistically towards the future. 91% mentioned that they have concrete plans for future. 76% want to find job, 75% thinks it’s important to keep the family. 37% plan to change the lifestyle. The imprisoned women think that the most probably they will face economic and employment problems upon release, 20% think they might be having housing problem and around 7% are afraid they might be rejected by the family.
- 13% of surveyed stated they had been inflicting self-harm before imprisonment; 10% stated they started inflicting self-harm after imprisonment. Around 9% of surveyed women cannot help manifesting aggression towards others. 12% stated they had been victims of violence with different intensity before imprisonment. 2% stated that they had frequently been sexually abused before imprisonment;
- 55% of imprisoned women name injustice and 35% of them name difficulty adjusting to prison environment as the most frequent reasons causing anger. Prayer (66%), self-calm exercises (50%) and talking with friend (31%) help imprisoned women to overcome anger.

Discussion

This study tries to contribute to the research literature by assessing for numerous pre-existing factors such as age, level of education, employment, marital status, family relations, prior incarcerations, prior violent history, criminal history, substance abuse and mental illness. The findings of this study reflect that many needs of incarcerated women are in conformity with other studies and require approaches tailored to their specific psycho-social characteristics and situations. According to study the basic population of imprisoned women consists of young, energetic, working-age females with higher education, majority of which has professional qualification and family. As other authors in comparison with general population suggested, there was a higher rate of unemployment among female prisoners.

Absolute majority of surveyed women have child and many of them two and more children. The divorce percentage is disproportionately high among them and women offenders are more likely to have been the sole caretaker of young children at the time of arrest.

Survey results show that imprisoned women suffer that the children are growing without mothers; they lose contact with them and are afraid that their families will be ruined. Mothers of underage children suffer the most. Women who are imprisoned can no longer fulfil their caring responsibilities and the consequences of this can be significant for woman and for society. The lack of visits is due primarily to the hard social-economic condition of family and the inability of caregivers to arrange visitation. Seeing the own child behind the glass wall was stated as the main problem, making these meetings an unbearable experience. Women prisoners also have fears that that they might be rejected by their families and society in general. They stated that their emotion and behaviour was mostly motivated by family relations and hopes to come back into family.

It should be taken into consideration while planning programs for re-socialization that keeping relations with family is the most important issue and a matter of main concern of women inmates according to the survey results. It could be recommended to prison managers to increase the limits of telephone conversations and appointments, and introduce long-term appointments. A child-friendly space with age-appropriate equipment and activities for children are essential when children visit a prison.

A gender-responsive approach is based on an understanding of the role of socialization in women's lives. Survey shows that majority of the women think that society is disposed especially negatively towards them;

Being able to acknowledge the impact of socialization and its implicit messages allows women to put their own individual issues into the larger social context. It's advisable to arrange meetings with various representatives of society, organize fairs and exhibitions; represent the creative skills of imprisoned women with the help of different events that will assist them overcome alienation from society and support further reintegration; Informing about the outer world and organizing discussions on the topics important for the society at the moment can become a part of the psychosocial program and will help imprisoned women to get back to society;

The prevalence of physical and sexual abuse in the childhood or adulthood of women under correctional supervision has been suggested by the research literature but is not supported by present research data. Survey results show, that women often answer "never" on question about violence or abuse history. The reason might be small sample size and limitation of methodology. Interviewers have a single meeting for short time with a set of different questions that might create barriers to forming trust relationship. Perhaps women have difficulty expressing their emotions or societal norms and self-stigma have inhibited them from talking openly about painful experience. Another reason may be that women often do not know that they have been abused. Nor do they have an understanding of the consequences of trauma. This issue needs further investigation and more attention from service providers. At least existing resources (psychiatrist, psychologist, social worker, primary care doctor) can be used to educate women as to what abuse and trauma are and how it can relate to their behaviour and reactions. Further research is necessary to explore trauma and violence effect on pathways to crime.

The survey shows that female prisoners health needs within the system are often neglected, thus majority of women assessed their health negatively. They complained about lack of air, bad ventilation, inability of psychical exercise, overcrowded cells and worried about the future, which they believe negatively affect their health. Study results confirm that women need both psychological and physical environment in prison that can provide some sense of safety, comfort,

equity and privacy. Better prison conditions, the increase possibility of observing hygienic procedures, equal attitude to everyone, welcome and warm environment will reflect positively on women's response. The criminal justice system can act as a gateway to health services for women who find it hard to access appropriate mainstream health and social care services. Some women may not have previously engaged with health or social services, or have only accessed services when in crisis.

A high proportion of women are chain-smokers stating that smoking is the only day activity for killing time and calm nerves. Majority of smoking women said that they started smoking in prison or they smoke now twice as much than before imprisonment. It is advisable to educate imprisoned women about a harmful effect of tobacco, especially on reproductive health. Promoting healthier lifestyle for women prisoners that can include adequate nutrition, physical exercise, availability of fresh air, green yard, meaningful daily activities, anti-tobacco education and etc. can develop a positive quality of life during their sentence.

Significant proportions of women suffer from mental health and emotional problems, among which anxiety and depression have the highest rates. Due to lack of psycho-social support long term prescription of psychotropic drugs and antidepressants appear to be quite common "solution" of the problem. Absolute majority of women stated that they did not consume any psychoactive substance before imprisonment. Those who used drugs before imprisonment mentioned that main reason of using drugs was emotional and psychological problems.

Absent of strong link between prior substance abuse and crime can be explained by small sample and lack of motivation of women prisoners to give honest information regarding this issue for there was a repressive drug policy at the time of survey. Further research should be done to investigate this issue.

As mentioned earlier, one study revealed that 75% of the women in state prisons who had mental health disorders also had substance abuse problems (James and Glaze, 2006). In order to work with women with mental health and substance abuse issues, the team needs to understand the symptoms and diagnoses of mental illness, the roles of medications, the process and symptoms of addiction, recognition that serious traumatic experiences often play an unrecognized role in a woman's physical and mental health problems. Providing quality mental health services for women

in criminal justice settings involves confronting a variety of systemic barriers. First, the criminal justice is based on “care, custody, and control.” It was not designed for the provision of mental health and psycho-social services. Many of the standard practices traumatize and re-traumatize women. This exacerbates their symptoms of mental distress. Thus the psychosocial programs should also include coping strategies. There are grounding and self-soothing techniques that women can learn to help themselves cope with their anger (specific techniques to use in individual and group therapy). Due to the feeling of sinfulness and self-blame, the imprisoned women ask for meetings the priest most of all. It’s advisable to engage a clergyman into the psychosocial program; Programs need to consider the fact that a woman cannot be treated successful in isolation from her social support network.

According to survey data some of the specific issues surrounding women include low wages, low self esteem, child and dependant care. Lack of previous employment and low self-esteem could mean that some women may need additional support to engage in this process. Low funds on release from prison, low incomes and poor financial literacy all contribute to financial difficulties that can be a barrier to effective reintegration. Training programs, workshops, professional advice and support to manage finances are necessary for women empowerment.

Although majority of imprisoned women assessed their social skills positively they expressed great interest in learning new skills. In general, surveyed women are set optimistically towards the future and mentioned that they would probably have economic and housing problems upon release. They asked for daily activities, some workshops to earn pocket money by the time of release and computer and foreign language courses; it’s advisable to talk with imprisoned women about future plans and possible problems and, in case of need, provide necessary support;

Survey results support other authors’ station that women are far less likely to be convicted of violent offenses, and they pose less danger to the community. Women offenders generally have fewer previous offences than men and less serious patterns of previous offending. Women are more likely to offend as a way of resolving practical difficulties. According to survey 90% of surveyed women are imprisoned for the first time and nearly half have been convicted for up to 5 years. More the woman has been imprisoned, the less capable she becomes to re-socialize and

reintegrate. Women face a range of problems on being released from prison relating to housing, accommodation and stability, and occupation. Developments in the UK have reflected a growing acknowledgement of the value of non-custodial alternatives and community-based supports for women offenders. The 'one-stop-shop' approach to supporting women offenders in the community takes a holistic approach, with a range of supports and services provided in one location (Guide working with women offenders, 2012) seems to be promising model.

The survey results agree with those from other studies that Criminal Justice administration in Georgia should be encouraged to introduce effective community alternatives for women offenders' better outcome and to reduce harm to children and community.

Conclusions and Recommendations

This research study provided initial steps in understanding of female offenders' characteristics and to what extent women's life experience, trauma and relationship shape their real needs in prison system. This study was found to support that needs of incarcerated women were different from those of men, thus requiring a gender-responsive approach that includes comprehensive services that take into account the characteristics, content and context of women's lives. Study suggested that women offenders are far less likely to be convicted of violent offenses and the majority of women are at an early stage in their criminal justice careers. It should be taken into consideration while planning programs that keeping relations with family is the most important issue and a matter of main concern of women inmates according to the survey results. Further research is necessary to explore trauma, substance abuse and violence effect on women's pathways to crime.

The study findings help prison managers to recognize the need for gender-responsive approach for women that take into account physical, psychological, emotional, mental and societal issues. Such approach might include following elements:

- Recognize the different pathways through which women enter the correction system;
- Ensure that all staff working with women offenders will receive gender awareness training;
- Utilise existing resources (psychiatrist, psychologist, social worker, primary care doctor) to educate women as to what abuse and trauma are and how it can relate to their behavior and reactions;
- Create better prison conditions including ventilation, food quality and the possibility of observing hygienic procedures;
- Promote healthier lifestyle that can include adequate nutrition, physical exercise, availability of fresh air, green yard, meaningful daily activities, anti-tobacco education and etc;
- Create a child-friendly space (without glass walls) with age-appropriate equipment and activities for children while they visit a prison;
- Acknowledge that relations particularly with children and family are important for women; identify those imprisoned women who do not have or lost social relationships and involve them in social support programs;

- Provide psychosocial support to women offenders in order to overcome the feelings of self-blame and missing the family, and help them cope with their anger; It's advisable to engage a clergyman into the process;
- Empower of women offenders through training programs, workshops to earn some pocket money, professional advice and support on financial matters;
- Organize meetings with different representative of society, represent the creative skills of imprisoned women with the help of different events that will assist them overcome alienation from society and further reintegration;
- Acknowledge of the value of non-custodial alternatives and community-based supports for women offenders.

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Appendix: Survey Questionnaire

Questionnaire

Assessment of Mental Health, Psychosocial Rehabilitation and Reintegration Needs of Women Prisoners

Interviewer:

Prisoner's code:

1. Starting and ending date of the interview:

2. In case the interview did not take place, indicate the reason:

- Refused

- Other ----------

1. General data

1.1 Age (years)

1.2 Education

- Does not have education
- Secondary education
- Specialized college
- University
- Refused to answer

1.3 Family status

- Single
- Married
- Divorced
- Live with partner
- Widow
- Refused to answer

1.4 Children

- Does not have children
- 1 child
- 2 children
- 3 and more children
- Refused to answer

1.5 Ethnic origin

- Georgian
- Azerbaijani
- Armenian
- Russian
- Other
- Refused to answer

1.6 An occupation

- I do not have a profession
- I have a profession; specify ----------

1.7 Employment history

- Employed
- Partially employed
- Self-employed
- Unemployed
- Refused to answer

1.8 Do you smoke?

No go to part 2 (skip)

Yes:

1.9 How many cigarettes a day? ----

2. Incarceration time

2.1 Status:

a) Defendant
b) Convict

2.2 How long have you been in prison? (Number of months)

2.3 How many times have you been arrested during the past 10 years? ----

2.4 How long have you spent in prison during the past 10 years? (Approximate number of months)

Ask only defendants

2.5 What is your status?

a) Awaiting first trial
b) Appealing sentence
c) Awaiting re-trial

Ask only inmates

2.6 How long will you have to stay in prison? Number of months ------

3. State of health

3.1 health self-assessment during the last 1 month (Choose only one answer)

1	2	3	4	5	0
Very good	Good	Fair	Poor	Very Poor	Do not know

- How would you assess your health during the last 1 month?

- How many times the health problems interfered with your normal physical activities during the last month?

- How many times have you had problems with taking care of yourself due to the problems with physical health during the last month?

- How intensive was the physical pain during last month?

- How active have you been feeling during the last month?

- How far has the physical health or emotional problems interfered with your everyday relations with other prisoners?

- How much have you been disturbed with emotional problems during last month (you were anxious, depressive or irritated)?

- How much have your personal and emotional problems interfered with your normal everyday activities during last month?

3.2 Did you have mental health problems in the past? Yes No

No go to 3.4 (skip)

If yes:

3.3 Did you receive any psychotropic medicines? Yes No

3.4 Did you have substance abuse problem in the past? (More than one answer is possible)

a) alcohol
b) cannabis
c) opiates
d) hypnotics/sedatives
e) stimulants drugs
f) ecstasy
g) other (specify)
h) none

If no go to part 4 (skip)

If yes:

3.5 How often?

a) very rarely
b) During 12 months before incarceration
c) During 30 days before incarceration

3.6 What was the reason? (More than one answer is possible)

Emotional problems
Psychological problems (loneliness, disappointment, law self-esteem)
Physical abuse
Sexual abuse
Spouse/partner influence
Worsening / ending relations
Social problems (unemployment, poverty)
Having interest/ fun
Coping behaviour
Other -------
Do not know

3.7 What did it result in: (more than one answer is possible)

a) Health problems

b) Psychological problems (loneliness, disappointment, law self-esteem)

c) Physical abuse

d) Sexual abuse

e) Worsening / ending relations

f) Social problems (unemployment, poverty, losing family, friends)

g) Other -----

h) Do not know

4. Health psychological care

Ask only defendants

4.1 How many episodes of care (EOC) have you had during the past 3 months (number of visits to doctors) ------

Ask only inmates

4.2 How many episodes of care (EOC) have you had during the past 6 months (number of visits to doctors)

Ask all

4.3 Are you having mental health problem right now?

a) low mood
b) anxiety
c) aggression
d) phobias
e) obsessive ideas/behaviour
f) sleep problems
g) other------
h) none

If no go to 4.8 (skip)

If yes:

4.4 Where did it start?

a) in prison
b) outside

4.5 Did you receive any medical help? Yes No

If no go to 4.8 (skip)

If yes:

4.6 Did you receive any psychotropic medicines? Yes No

If no go to 4.8 (skip)

If yes:

4.7 What kind of medicines? (more than one answer is possible)

Valeriane

Benzodiazepines

Phenothiazines

Carbamazepine

Neuroleptics

Hypnotics

Other----

4.8 Do you have psychological or emotional problems during the last 1 month?

a) no
b) sadness
c) Irritation
d) apathy
e) hopelessness
f) Feeling of uselessness
g) feeling of unsafe

h) fear to lose loves ones

i) Other

j) Do not know

If no go to part 5 (skip)

If yes:

4.9 Whom do you address to for talking about psychological problems? (More than one answer is possible)

Doctor/nurse

Lawyer

Prison staff

Social worker

Psychologist

Another prisoner

Family members

Priest

Do not know

5. Mother & Child needs

5.1 Do you have minor children?

If no, go to part 6 (skip)

If yes:

5.2 Do you have contact with child? (More than one answer is possible)

Child is with you in the prison

Child is brought to you on meetings

You do not see your child

Child is growing up with your family

Child is growing up with foster family

Other

a) Refused to answer

If the child is with you in prison

5.3 Do you have skills to take care of your child? yes no

5.4 Do you have information about child's development? yes no

5.5 Do you have difficulties in relations with child? yes no

5.6 Can you express emotions towards your child? yes no

5.7 What is your child's health condition?

a) good
b) fair
c) poor
d) very poor
e) no answer

5.8 Are the conditions available for taking care of child? Do you have necessary hygienic means? yes no

5.9 Are there preconditions for child's development? yes no

5.10 Is there a special program to help you? yes no

Other needs ----------

6. Social competence

6.1 How can you assess your social competence (choose one)

1	2	3	4	5	0
Very good	Good	Fair	Poor	Very Poor	Do not know

- Do you have independent living skills? (Taking care, hygiene, cooking, buying)

- Can you establish relations?

- Can you present yourself?

- How confident are you?

- Can you use computer?

- Can you write an application?

- Can you have an interview?

6.2 Which new skill will help you after release? (More than one answer is possible)

a) none
b) independent living skills
c) communication skills
d) present myself
e) increase self-confidence
f) computer skills
g) writing application
h) passing interview
i) other ----------

7. Trauma/aggression

1	2	3	4	5	0
Not at all	Quite rarely	Not so often	Often	Quite often	Do not know

7.1 Before incarceration

- Have you ever inflicted harm to yourself?
- Have you committed verbal or physical abuse towards others?
- Have you been a subject of psychical abuse in the past?
- Have you been a subject of sexual abuse in the past?

7.2 After incarceration

- Have you inflicted harm to yourself?

- Have you committed verbal or physical abuse towards others?

- Have you been a subject of psychical abuse in the past?

- Have you been a subject of sexual abuse in the past?

7.3 How often do you feel angry for the last 1 month?

If the code is 1 go to part 8

If the answer is '2' or more:

7.4 specify the reasons of getting angry (more than one answer is possible)

No reason

Disrespectful attitude
Injustice
Frustration

Irritability
Difficulty adjusting to people
Difficulty adjusting to prison environment
Other—
Do not know

7.5 What helps you to deal with anger? (More than one answer is possible)

Nothing
Self-calm exercise
Shifting attention
Physical exercise
Avoid situation
Talking with friend
Spiritual rituals
Other----
Do not know

7.6 Are you willing to learn how to manage anger? yes no

8. Reintegration / Re-socialization

1	2	3	4	5	0
Very good	Good	Fair	Poor	Very Poor	Do not know

8.1 Supportive environment

- Do you have supportive environment? (Family, friends) - Do you keep contact with supportive environment? - Can you get job? - Do you have professional skills?

8.2 Do you need to restore / learn professional skills? yes no
If no, go to 8.3 (skip)
If yes, specify:----------

8.3 Do you have future plans? Yes No

If no, go to 8.5 (skip)
If yes

8.4 Which one? (More than one answer is possible)

a) get an education
b) find a job
c) go back to /establish family
d) restore social contacts
e) change life style
f) other----------
g) do not know

8.5 What kind of problems can you see in future? (More than one answer is possible)

a) Loneliness
b) Problems with unemployment
c) Economic problems
d) Family problems
e) Problems with accommodation
f) Problems with relations
g) Psychological problems
h) Health problems
i) Other ----------

j) Do not know

8.6 Would you like to add anything?

